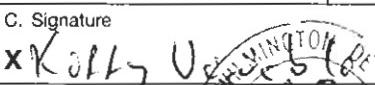
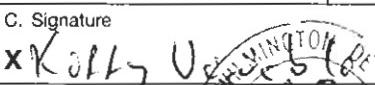
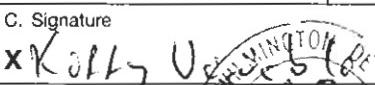


United States District Court
For the District of Delaware

Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. 05-258 KAJ

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY											
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;"> C. Signature  </td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If YES, enter delivery address below:</small>  </td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;"> E. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <small>Check all that apply</small> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;"> F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </td> </tr> </table>		A. Received by (Please Print Clearly)	B. Date of Delivery	C. Signature 		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If YES, enter delivery address below:</small> 		E. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <small>Check all that apply</small>		F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
A. Received by (Please Print Clearly)	B. Date of Delivery												
C. Signature 													
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If YES, enter delivery address below:</small> 													
E. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <small>Check all that apply</small>													
F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes													
1. Article Addressed to: LOREN MEYERS DEPUTY ATTORNEY GENERAL DEPARTMENT OF JUSTICE 820 N. FRENCH STREET WILMINGTON, DE 19801		2. Article Number (Copy from service label) 7002 2030 0003 0326 8574											